Mail or Fax Completed Form To:

RDS

Business License Dept. PO Box 830900 Birmingham, Alabama 35283-0900 Fax Number 205-423-4099 Phone 800-556-7274

Application for Temporary Business License ALL FIELDS MUST BE COMPLETED Application Good for 30 Days Lipon Receipt of Paym

ALL FIELDS MUST BE COMPLETED

Application Good for 30 Days Upon Receipt of Payment
Application must be signed by applicant and City Official

See Reverse Side for Instructions
And Further Information

Nan	ne of Municipality:
License	Year

LLP (Limited Liability Partnership) General Partnership Governmental Agency	Application Typ			Change		•			
LP (Limited Liability Partnership) General Partnership Governmental Agency Professional Association Other: Legal Business Name: Frade Name / DBA: (If different from legal name.) Email Address: Frade Name / DBA: (If different from legal name.) Email Address: General Employer Identification Number (FEIN): Social Security Number: General Employer Identification Number (FEIN): Social Security Number: General Employer Identification Number (FEIN): Social Security Number: General Employer Identification Number (FEIN): General Professional Manufacturer Rental General Partnership General Par	RDS Acct Numb	per:Date Bus	siness Activity Initia	ted/Proposed:		Number of Employees:			
Column A Column B Column C	Form of Ownership (Check One) Required: Sole Proprietorship Corporation LLC-Single Member LLC -Multi Member LLP (Limited Liability Partnership) Governmental Agency Professional Association Other:								
Section Security Number: Social Security Number: Susiness Type: Retail Wholesale Bldg Contractor Service Professional Manufacturer Rental Describe the business you are conducting: Mailing Address: (Street) (City) (State) (Zip) (Zip) (Zip) (Zip)	Legal Business	Name:							
Section Security Number: Social Security Number: Susiness Type: Retail Wholesale Bldg Contractor Service Professional Manufacturer Rental Describe the business you are conducting: Mailing Address: (Street) (City) (State) (Zip) (Zip) (Zip) (Zip)	Trade Name / DI	BA:		(If different fro	m legal name.)	Email Address:			
City	Federal Employer Identification Number (FEIN):Social Security Number:								
Mailing Address: (Street) (City) (State) (Zip) Physical Address: (Street) (City) (State) (Zip) Felaphone: (Business) (Home) (Cell) (Fax) Anne/Phone # for Contact Person: (Jame/Phone #	Business Type:	☐ Retail ☐ Wholesale	☐Bldg Contractor	☐ Service ☐	Professional [Manufacturer Rental			
(Street) (City) (State) (Zip) Physical Address: (Street) (City) (State) (Zip) Relephone: (Business) (Home) (Ceil) (Fax) Alme/Phone # for Contact Person: (January Phone # for	Other Describe the business you are conducting:								
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Jame Residence Address SSN Title	Telephone:			<i>.</i>		(Grate)	(Zip)		
Name Residence Address SSN Title Residence Address Papers Residence Address It understand Issuance of a business license by RDS does not permit business be properly zoned and/or in compliance with all applicable laws/rules. Residence Address Residence		(Business)	(Home)	1		(Cell)	(Fax)		
Name. Residence Address SSN Title Name. Residence Address SSN Title Statement Check of Signature Indication invalid. This application is only good for 30 days upon receipt of payment. I understand issuance for 10 days on the present of 10 days on the presenters of 10 days upon receipt of payment. I understand issuance for 10 days on the presenters bank no more it wo times in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned item. Please see the full returned heck policy at www.revds.com/axpayer/eturn-check-disclaimer. Nate: Signature: Title: Title: **This Section for Municipal Use Only** Use below chart in order to calculate business license. If you do not have a copy of a fee schedule, you may view it at www.revds.com. Physical Location: Incorporated City Limits Police Jurisdiction Outside Corporate Limits & Outside PJ ** **Reminder** Businesses located within the PJ are charged one-half the normal rate. Column B Residence Additional Amount Due Based On Calculation License Fee Due Based On Calculation License Fee Due Based On Calculation Susuance Fee: Number of Wanner Base Fee Madditional Amount Due Based On Calculation Susuance Fee: Total Collected: Municipality, DO NOT MAIL CASH. Have checks made	Name/Phone # f	or Contact Person:		(')	***************************************	Title:			
Sworn Statement: This application has been examined and is, to the best of my knowledge, a true and complete representation of the above named entity and person (s) sted. Failure to sign and date this application will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand issuance if license does not permit business operation will make the application invalid. This application is only good for 30 days upon receipt of payment. I understand issuance if license does not permit business peration will make the application will make the application will make the spication invalid. This application is only good for 30 days upon receipt of payment. I understand issuance if license does not permit business operation will make the submission of the returned factors. I understand issuance of a business license by RDS does not permit business operation unless the business is properly zoned and/or in compliance with all applicable laws/rules. Externed factors in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned filem. Please see the full returned heads provided the presenter's bank no more it wo times in an effort to obtain payment. RDS is not responsible for any additional bank fees that will accrue due to there submission of the returned filem. Please see the full returned heads provided the presenter's bank no more it will accrue due to there submission of the returned filem. Please see the full returned from the returned filem. Please see the full returned from the presenter's bank no more it will accrue due to there submission of the returned filem. Please see the full returned from the filem. Please see the full	List Names of Owners(s), Partners, or Officers (Attach Separate Sheets if Necessary)								
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Reminder Businesses located within the PJ are charged one-half the normal rate. Column A	*This Section for Municipal Use Only*								
Section Number Type of License Gross Receipts (If Required) Report all types of business conducted Report all types of business conducted Penalty Info: Issuance Fee: Total Collected: Municipality, DO NOT MAIL CASH. Have checks made payable to: Tax Trust Account and mail along with application to address indicated above. Payment Method: Check OR Cash (Circle One) Payment Forwarded to RDS: Yes OR No (Circle One)	Physical Location: Incorporated City Limits Police Jurisdiction Outside Corporate Limits & Outside PJ **Reminder** Businesses located within the PJ are charged one-half the normal rate.								
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Report all types of business conducted Add column E & F enter total in column G then add down Penalty Info: Issuance Fee: Total Collected: Municipality, DO NOT MAIL CASH. Have checks made payable to: Tax Trust Account and mail along with application to address indicated above. Payment Method: Check OR Cash (Circle One) Payment Forwarded to RDS: Yes OR No (Circle One)	Contract to the second	Type of License		(Applies if fee is based upon a "number" of	Flat/Base Fee		License Fee Due		
Issuance Fee:	Report all t	ypes of business conducted			Add colum	nn E & F enter total in column G th	en add down		
Issuance Fee:							***************************************		
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